

no time to spare to consider the effort and good will invested by the people of Klamath Falls in the Pelican Butte proposal. The fact is that this Administration doesn't care how many rural communities are left in the dust by this regulatory juggernaut.

Mr. President, all of this is very discouraging for Oregonians who have a sense this Administration has already made up its mind on this roadless initiative. It is my understanding that many of my constituents have just received copies of this draft EIS in the last few days—with half of the brief comment period already expired. Nevertheless, from the floor of the Senate today, I am pleading with my constituents to get out there during this comment period and make their voices heard. This rulemaking is too significant for Oregonians to be silent.

Mr. President, I agree with this Administration that we need a long-term resolution to the management of our roadless areas. But common sense tells us that what is needed and appropriate for one area may not be sound stewardship for another. With this roadless initiative, this Administration is talking about setting aside in one broad stroke millions of acres that are supposed to be held in trust for all Americans. Even worse, this plan is being rushed through a truncated public comment process in order to accommodate an artificial political deadline. This isn't the way to manage our precious natural resources and this isn't the way to treat our rural communities. The management of these roadless areas is a complicated question, and it deserves more than the simple answer being force-fed to us by this Administration.

PRESCRIPTION DRUGS UNDER MEDICARE

Mr. GRAMS. Mr. President, I come to the floor today to discuss an issue that has become increasingly important to many in Congress. As an early sponsor of legislation to provide prescription drug coverage under Medicare, I am pleased there has been progress in reaching an agreement among many proposals to provide prescription drug benefits to seniors.

Medicare recently celebrated its 35th anniversary. As with most things in life this program is now starting to show its age. Still being administered under a model developed in 1965, Medicare is quickly becoming antiquated and blind to the many advances in modern medicine. We all know prescription drugs play an increasingly important role in the health of our nation.

There are countless examples of drugs which now allow us to live longer, more productive lives. Drugs to control blood pressure, lower cholesterol, or mitigate the effects of a stroke are a few which demonstrate the measurable impact research and development can have on improving our lives. Unfortunately, the Medicare pro-

gram has not progressed as rapidly as medicine.

To that end, I introduced the Medicare Ensuring Prescription Drugs for Seniors Act, or MEDS. My bill was an early attempt to heighten the debate surrounding prescription drugs, and at the same time provide a plan that would address the needs of the nearly one third of senior citizens in this country who currently lack any form of prescription coverage. We have all heard the frightening stories of the choices that many seniors are forced to make when it comes to paying for prescription drugs. Unfortunately, many of these stories have been politicized and used to stir the political cauldron over the past several months. But the reality is that decisions between food, shelter, and medicine are all too common among our neediest seniors. MEDS was introduced to help these people.

My plan would add a prescription benefit under the already existing Part B of Medicare, without creating or adding any new overly bureaucratic component to the Medicare program. It works like this: The part B beneficiary would have the opportunity to access the benefit as long as they were Medicare eligible. Those with incomes below 135 percent of the nation's poverty level would be provided the benefit without a deductible and would only be responsible for a 25 percent co-payment for all approved medications.

My bill also provides relief for seniors above the 135 percent income threshold who may face overwhelming drug costs because of the number of prescriptions they take or the relative costs of them, by paying for 75 percent of the costs after a \$150 monthly deductible is met. Most importantly, this voluntary benefit does not have a treatment cap. Unlike both the President's plan and others currently being debated in Congress, MEDS covers all participating beneficiaries no matter what level of monthly or annual drug expenditure they incur and does not abandon seniors when they need help the most.

The House of Representatives narrowly passed a prescription drug bill that subsidizes the insurance industry and attempts to ensure coverage in all areas of the country—a difficult if not impossible task. The biggest problem with this approach is that the insurance industry has stated that it wouldn't be able or willing to provide these types of "stand alone" policies no matter how much of a subsidy they receive. Trying to establish an enormously expensive and administratively difficult plan built on the mere hope that the insurance industry will change its mind, is simply too big a risk to take when it comes to our nations seniors.

The House bill would establish a new outside agency through the Department of Health and Human Services to administer the plan. Not only will this compound the problem of administra-

tion, implementation and increasing federal bureaucracy, but it also actually delays benefits that will help our seniors today. There is no way a major new bureaucracy can be created and become effective in time to provide the help our seniors need now. At a minimum, based on similar initiatives in the past, it would take two years to gear up this kind of new government agency, which again, only duplicates existing federal bureaucracy and slows progress toward meaningful reform.

It's important these facts are understood as we continue discussing emerging plans for a prescription drug benefit under Medicare. How a plan is structured could have dramatic consequences for future innovations in treatments which can enhance quality of life and in some cases save lives. If done right, we'll enable all senior citizens to access the best health care system in the world and receive the latest technology and treatment for their conditions—and do it in a way that is both responsible and expedient. MEDS accomplishes both of these goals.

In closing Mr. President, let me say, as I have in the past, the challenge before us today is to enable Medicare to shape and adapt itself to reflect the realities of an ever changing health care system. After 35 years of endless tinkering, we have a real opportunity to make it more responsive, more helpful, and more attuned to the needs of current and future retirees and disabled persons in this country through the provision of a prescription drug benefit. This is a goal to which I am wholly committed.

NEOTROPICAL MIGRATORY BIRD ACT

Mr. L. CHAFEE. Mr. President, yesterday, the Senate approved S. 148, the Neotropical Migratory Bird Conservation Act. I would like to thank Senator ABRAHAM and Senator SMITH for their work on this important environmental issue, and also offer my family's appreciation for Senator ABRAHAM's kind words regarding my father. Senator John Chafee was a strong proponent of this legislation, and I am proud to follow his lead in cosponsoring this bill.

Now, what is a neotropical migratory bird? Simply put, it's a bird that breeds in North America, and migrates each year to tropical habitats in Central and South America. While the name sounds technical and complicated, many of these birds are well-known and well-loved by Americans. Plovers, sandpipers, hummingbirds, woodpeckers, orioles, blackbirds, and many species of raptor and songbird are all neotropical migratory birds. Some of these birds, such as the Ruby-throated Hummingbird and the Killdeer, cover amazing distances as they travel between their summer and winter habitats.

In Rhode Island, we are fortunate to be visited by many neotropical migrants including one species of hummingbird, over ten species of raptor,